

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2428.

State File No. _____

Registrar's No. 7759

FILED JAN 30 1942

Registration District No. _____

Primary Registration District No. 5-5-49

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Banner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community nine years
years, months or days)

3. (a) PRINT FULL NAME Mary McCarty

3. (b) If veteran, name war # 3. (c) Social Security No. none

4. Sex fem / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William McCarty 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 10 - 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Dubois Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Benjamin Wells
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant John D. McCarty
(b) Address Banner Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-41
(Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.

19. (a) Jan 31 1942 (Date received local registrar) (b) Mrs. J. A. Townsend (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Banner
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 12-11-41
to 12-11 1941
that I last saw her alive on 12-11 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy Duration _____

Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 82a
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Younger (M. D. or other) D
Address Ironton Mo. Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 142-2

Date Filed 1-7-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Amal J. White

Licensed Embalmer No.

3012

P. O. Address

Quinton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.